

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90064 030 ***550.00

DOCUMENT # P00000111943

1. Entity Name
LIFE CARE MANAGEMENT OF SOUTH FLORIDA, INC.

Principal Place of Business Mailing Address
1872 N. FEDERAL HWY. 1872 N. FEDERAL HWY.
BOYNTON BCH FL 33435 BOYNTON BCH FL 33435



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **6874 So Congress Avenue**
 Suite, Apt. #, etc.

3. Mailing Address **6874 So Congress Ave.**
 Suite, Apt. #, etc.

City & State **Lantana Florida**

City & State **LANTANA FL.**

4. FEI Number **65-1110499** Applied For
 Not Applicable

Zip **33462** Country **PBC**

Zip **33462** Country **PBC**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, MERELINE N
6874 S. CONGRESS AVE.
LANTANA FL 33462

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Mereline Brown*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)
 DATE 9/7/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	BROWN, MERELINE N
STREET ADDRESS	6874 S. CONGRESS AVE.
CITY-ST-ZIP	LANTANA FL 33462
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mereline Brown* WIRE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 9/7/02 561 868-5458
 DATE Daytime Phone #

CR2E034 (4/02)